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This report assumes that professional training programs will not be able to meet future demands for psychological help. The role of the nonprofessional, and the responsibility of the professional psychologist are discussed in terms of this problem. The various levels of training which now prepare individuals to do certain specialized jobs, are described. Professional psychologists can help to control the content and quality of training programs for nonprofessionals on the job, in a university setting, or in a specialty school. When nonprofessional personnel becomes available, controls which insure the protection of the client, and the effectiveness of the service must be established. The various types of controls discussed include organizational controls, professional liason, and legal controls. Positive approaches to the interaction between psychologists and nonprofessionals in the community setting described involve: the setting of community standards, the establishment of supervisory controls, the longitudinal evaluation of the effectiveness of services rendered by nonprofessionals, quality contral in community training programs, the role of the local professional group, and the setting up of programs to help common "needers" in the community such as alcoholics and drug addicts. (PS)

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# THE PROFESSIONAL IN THE COMMUNITY VIEWS THE NONPROFESSIONAL HELPER: PSYCHOLOGY

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Having practiced clinical psychology for over fifteen years in the same city, I feel I have a special and jealously-held place in my community. I am strongly concerned about the quality, as well as quantity of psychological service that may be rendered in my community to people in need. On the other hand, I have been sufficiently involved in professional manpower developments during the past decade to know that, with rare exception, the senior clinical psychologist is most needed in a variety of administrative and directive roles. I thus have somewhat of a dual view of the question, "Should Nonprofessionals be used in Professional Clinical Psychological Work?".

The growth of interest in using nonprofessional psychological helpers burgeoned with an increasing demand for service and a decreasing availability of "full" professionals trained by our current programs. If the current trend continues, and there is no reason to believe that it shan't, it is inevitable that the bulk of face-to-face services for people in behavioral stress will be done by individuals whose training is either limited to secondary school plus special on-the-job training or by "mental health specialists", who have been trained in a relatively brief university-supervised program. If large numbers of nonprofessional "helpers" are turned out in the next two years, how will these people be viewed by the professional psychologist in the community who has struggled to attain his status, his prestige, his affluence? Perhaps more important, what will the professional in the community do with the power he has attained to support this new helper or to oppose him?

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A useful volume could probably be produced detailing the real and fancied objections to the training and performance of psychologically oriented nonprofessionals. For the time being, however, we must realize that the non-professional or subprofessional helper in the mental health professions offers an unusual and useful opportunity to meet ever-increasing needs for service. Not only are the classic service requests increasing (guidance centers, individual psychotherapy, counseling, family crisis resolution, etc.) but we are facing new demands for professional behavioral science services in more contemporary settings (inner-city conflict resolution, crime and delinquency, community participation and cooperation, the understanding and deceleration of violence, etc.).

## WHO CAN MEET THESE DEMANDS?

Today we are turning out psychologists, guidance counselors, social workers, psychiatrists, youth workers, and other "professional" workers after long, arduous, expensive, and often very restrictive, training programs. There is a growing body of evidence to indicate that relatively large numbers of people can be brought to a level of service-competence in programs less broadly demanding and more time-limited than the classic professional program. Many universities produce the terminal degree psychologist with a master of arts or a master of science in psychology. This person, serving a secondary role in the past, has more and more begun to serve major professional roles in a variety of institutions and agencies. Many state hospitals are staffed by masters-level psychologists who, in effect, direct the department of clinical psychology. There is some question as to the quality of the services which are rendered by these semi-professional workers. We, nevertheless, continue to produce people at the master's level. Their training program could be modified to provide them with broader and more effective tools for functioning in a variety of service and supervisory settings.

The specialty worker concept offers an opportunity for training people at the bachelor's level or below to function in specific, guided, supervised roles in psychological practice. The person with the bachelor's degree in psychology is often designated as a "psychometrist" and given considerable responsibility for the operation of assessment and evaluation programs. In most settings such psychologists are encouraged to continue their training by taking work shops and graduate credit. They are sometimes designated "Counselors" with person-to-person guidance interaction added to their assessment role. Although many with the bachelor's degree are used in this way, few programs are geared to produce such counselors.

There are relatively few nonprofessionals working in the field of psychology. Relatively isolated instances can be found, such as the housewives used in the Rioch Studies, mother-volunteers used to conduct forms of play therapy or to do intake in guidance centers, and clerical personnel trained to handle a variety of semi-professional functions (test administration, test scoring, data tabulation, etc.). Increasing service demands continue to geometrically exceed the output of our formal and informal training programs.

Volunteers are being used more frequently as a source of manpower in psychological service settings. Volunteers have been used to handle intake procedures, administer and score tests, interview parents, keep records, help in research projects, do remedial reading, operate teaching machines, and, in some cases, to make home visits to conduct interviews. Ogden Lindsley at Kansas has pioneered the training of nonprofessionals to work as operant conditioning advisors to parents with child-rearing problems.

Despite some real question about quality control there would seem to be a substantial resource pool of personnel that could be used for the provision of psychological services in the community.

## PITFALLS

Professional psychologists are particularly concerned about the quality of services which might be rendered by subprofessional or nonprofessional workers. They would want very much to know the extent of the services and the interaction network for supervision, observation, and control. In person-to-person interaction in the behavioral sciences, complex decision making is often a necessary part of the helper-needer interaction. These complex decisions are fraught with possible negative impact on the individual's pyschological or physical life. In dealing with parents, there are possibilities that the interaction between a nonprofessional helper and the parent can have deleterious effects on the children in the "helped" family. This is not to say that such dangers do not exist between individuals in need and the best-trained professionals. It simply says that most professionals are likely to expect a considerable increment in the probability of negative outcomes with the use of untrained people.

When and if such nonprofessionals are extant, there is the question of how will they be supervised, what will be the power structure of their organization, who will be "in charge", and how will checks and balances be established? At the present time, professional psychologists are unprepared to deal with a large influx of nonprofessional workers in their communities. They may desperately need such people, but their concern for quality, their own personal response to threat, the overwhelming amount of time that is needed to train and supervise these people will make for a relatively cautious reception. If a large group of subprofessionals were brought into the community at the present time, it seems probable that professional psychologists would band together to discuss "the dangers" and end up issuing a series of manifestos opposing the use of such people in all but very limited roles. If this opportunity to meet current psychological service needs is to be effective, considerable preparation and training of existing professionals will have to be designed and undertaken.

## LOGISTICAL SOLUTIONS

The professional in the community would be more interested in the availability of nonprofessionals if such nonprofessionals were to be graduated from a program in which community psychologists had some role and authority. Universities, of course, ordinarily prefer not to share their responsibility for curriculum development with non-university people. This classic "town and gown" controversy exists to a larger or lesser extent, depending on the issues. The most practical situation for the early development of nonprofessionals would be for the training program to take place in a university setting. The facilities, the know-how, the personnel, the prestige, and expertise in acquiring and using grants all exist in this setting.

It is unlikely that any university today is capable of producing a nonprofessional who could work adequately and comfortably in the community. Part of the worth and effectiveness of such non-professionals will be their identity with the community and their attachment to the neighborhoods and problems with which they will work. It is for this reason that "on the job" training -- working with professionals who are well indoctrinated into the community setting -- is vital. Professional psychologists, who go through eight years of training plus internship, have a hard-enough time being effective before they come to understand the community in which they work. The nonprofessional, trained solely in the university setting, when placed in a community will undoubtedly be ineffective to some degree, and perhaps fail to serve.

It is possible that we can design specialty schools for the production of nonprofessional persons, depending on the skills that we seek to build. We could, for instance, establish a specialty school for nonprofessionals who could counsel mothers. Certainly there is a considerable demand throughout the country for instruction to mothers as to how they might more effectively deal

with their children's growth problems and unacceptable behaviors. It would be possible to design a training program for nonprofessionals who would be such "Mother-Child" counselors. The same could be said for producing "Testing Specialists", "Information Specialists", "Academic Retardation Remedial Specialists", and so on, ad infinitum.

Professional psychologists will be concerned about the quality and currency of the skills which are taught nonprofessionals on the job, in a university setting, or in a specialty school. With the rapid development of new techniques, the well-trained professional finds himself hardpressed to keep up with changes. The nonprofessional will have an even more difficult time. If some method by which up-grading of skills and continuing education can be worked out as part of the total program, professionals in the community will be reassured about the currency of the skills being applied by nonprofessionals (indeed, it will spur the community professional to up-grade his own skills!).

## CONTROLS

At this point, let us assume that we agree on the worth of training large numbers of competent nonprofessional psychological workers. Let us further assume that these new workers are able to meet specific community and agency needs. If we are aware of the pitfalls, and have created the logistical pathways and frameworks within which such nonprofessionals can be produced, there still remains the question as to whether unleashing large numbers of minimumally-trained workers in the community will act as a benefit or a scourge. Assuming that we can reach the point where these workers are available, we must pay some attention to the kinds of controls that should and can be established. The primary aim of these controls would be to insure protection of the service-recipient, and effectiveness of service rendered.

Organizational Controls

One would expect that any developing body of workers, whether at the master, journeyman, or apprentice level, will eventually have some sort of organization where they can maintain standards, protect themselves, bargain and socialize. Most professional groups have professional societies. A non-professional psychological worker will eventually be interested in such an affiliation. It is quite possible that large numbers of such workers constitute an incipient union issue. This does not seem to be a professional issue but rather a social-movement issue. Attempts by the professional to regulate the nonprofessionals' organizational pattern may result in strong oppositional movements. It is likely that the nonprofessionals will tend to bootstrap their own solutions.

Professional Liaison

Nonprofessional workers who perform psychological services will undoubtedly find a great deal of support, interaction, and control interest from various professional psychological organizations. These will range from the manufacturers of psychological materials such as tests to the national professional organizations whose interest is in promoting human welfare within a fairly cohesive scientific and professional framework. These liaisons will be, to a large extent, determined by the kind of relationships the nonprofessional has in his training setting. If the trainers advocate strong professional liaison, it is likely these recommendations will be carried through in the field with supervisors, directors, and consultants. It is likely that existing professional organizations will seek strong involvement with the nonprofessionals who offer psychological services in the future.

Legal Controls

Although statutory limitation on the "practice" of various mental health skills by nonprofessionals may not exist at the time such nonprofessionals appear

on the scene, it is likely that complaints, training conflicts, hiring policies, organizational pressures, or demands from professional psychologists will result in the establishment of local or state standards. These are likely to be at a relatively minimal level. Ancillary problems of considerable importance are likely to result from such standard-setting.

## THE UNIQUE ROLE OF THL NONPROFESSIONAL

Although training programs, general standards, assignment, employment and promotion may be controlled from outside of the community, the use of nonprofessionals within the community setting will at some point come under the opposition or approbation of the professional psychologists within that community. Even where nonprofessionals are used in small communities in which no psychologist practices, the activities of such a psychological nonprofessional will soon come to the attention of psychologists in surrounding communities. Inquiry will be made and opinions will be rendered. To the same degree that psychologists can oppose the use of nonprofessionals, specifying chapter and verse about possible negative effects, the same psychologists could be extremely helpful in establishing the standards and guidelines within which the nonprofessional can become of inestimable aid in rendering psychological services to the community. Some positive approaches to this interaction would include:

Setting Community Standards - As of this time, there are no standards for the practice of community psychology. The role of the consulting psychologist in the community is becoming a matter of great interest and involvement within professional psychology. We are beginning to set standards of service for assessment, for crisis consultation, for consultation with the schools, for psychotherapy, for family therapy, etc. Although there are no agreed-upon general standards, these could well come about in the near future. Psychologists

within the community, assessing community needs, can establish standards for meeting these needs through their own skills and abilities, amplified and enhanced by nonprofessional psychological workers. To regulate the practice of any mental health specialty will be to jeopardize the creation of new and variant specialties. There is likely to be a good bit of in-field resistance to rapid or restrictive legislation.

Supervisory Controls - Initial supervision will be provided by the agencies, the institutions, and a variety of mental health specialists under whose direction psychological nonprofessionals will work. As the field develops, it is likely that various levels of authority among nonprofessionals will begin to emerge, and in-group supervision will be established. If the nonprofessional works in municipal, state, or federal agencies, it is likely that civil service boards will establish the supervisory chain of command.

Longitudinal Evaluation - Psychologists have functioned for years with limited attempts at long-range evaluation of the efficacy and appropriateness of their professional work. It is likely that a massive production of nonprofessionals in the psychological field will produce both short and long range evaluation programs. The early efforts will probably evaluate the effectiveness of the worker at the end of one or more years of function. The studies are likely to evaluate the training programs in relation to field supervisors' ratings. Should the evaluation indicate that work being done by the nonprofessionals is of poor quality, a very strong modification of the training program for such nonprofessionals can be expected. This type of control is very desirable and should be a strong consideration when training programs are developed and placements are made for graduates of such programs. Training and placement without careful follow-up could have a deleterious effect on the long-range potentialities for nonprofessional psychological workers.

Participation and Quality Control - It would be folly for training programs to be developed for nonprofessional psychological workers without active participation in the planning and operation of such programs by knowledgeable, involved community psychologists. It is necessary that an adequate training program have close awareness and recognition of specific kinds of community problems and the ways in which psychological services are or should be rendered. If this awareness is built into the training program, the nonprofessional will emerge readier to participate in the psychological work of the community. Certainly more so than if he comes to the community as an externally-produced "power-boosting accessory" to the already functioning community psychologist.

Since professional psychologists in the community are concerned about the quality of service rendered by nonprofessionals, they can help a great deal by participating in quality evaluation programs. There would seem to be no reason why these quality-evaluation programs should not be part of a program for updating and upgrading of skills for nonprofessionals. Such programs should take place at the community level. Removing the nonprofessional from the community to "return him to school" is probably wasteful and perhaps ineffective. A continuing educational function should take place within the community and should involve the professional psychologists.

The Local Professional Group - In the past three years, there has been a tremendous burgeoning of local professional groups of psychologists throughout the United States. These groups, ranging in size from a dozen to several thousand members are made up of the psychologists who are practicing within the community and who consider themselves the renderers of professional psychological services. These individuals are directly concerned with the impact of the nonprofessional on the needs of the community and the quality of psychological services rendered. These local professional groups form a loci around which support (or opposition)

for nonprofessionals in psychology is likely to be generated. These local professional groups can be a good base for training programs, for spawning associations for the nonprofessional, and for consultation and supervision.

The network of such local groups throughout the United States can be helped in arranging that creative and helpful activities tried in one locality can be communicated to professional psychologists in other localities. Since local groups meet more frequently and on a more community-oriented level than either state or regional groups, the possibility of a communication and educational chain between local groups and national organizations, between federal agencies and groups of psychologists in the community, and among psychologists who practice in a variety of communities seems feasible.

The "Undesirable Patient" - Certain "needers" in the community toward whom many mental health professionals have reacted adversely (drug addiction, alcoholism, delinquency, sexual deviation, family problems) are more and more falling within the province of the community psychologist. Social workers have always dealt with this kind of needer who has, until recently, been considered "hopeless". There is a considerable cultural barrier between the life space of such people and that of the highly trained professional persons sometimes available to help them. A good bit of empirical and some research evidence indicates that nonprofessionals are more effective with these groups than professionals. This poses one of the most exciting challenges for the use of nonprofessionals. Psychologists in the community, by dint of his very broad background and training, should be aware of this possibility and serve as a focal point for the establishment of experimental programs to offer help to these obvious, but not always pleasant, needers.

## IMPLICATIONS FOR PSYCHOLOGY

In no way can our present training programs meet the ever growing needs for psychological services. We are not meeting such needs now. The identification of new opportunities for psychologists to be of service within their community appears almost daily. New techniques, research, methods, and funding are more available today than ever before. Our society has come to a high level of acceptance of behavioral science as a source of help for those in need. Psychology has moved to the forefront in the behavioral sciences. The time is critical, the need is great. The challenge is to bridge the gap between a large available pool of nonprofessional manpower and their final commitment as members of a helper-group in the community. This challenge falls squarely on the shoulders of psychologists in both the areas of training and community service. Neither the challenge nor the need will be met by hesitation or equivocation.